

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small> | | | | | | | <small>SERIAL NO.</small> 10/58 122 | <small>FILING DATE</small> | | | | | |
|---|----------|------|------------------------|------|------------------------|------|---|----------------------------|------|------|------|------|------|
| | | | | | | | <small>APPLICANT(S)</small> | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | • | | • | | • | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | 2 | | | | TOTAL IND. | | | 2 | | | |
| TOTAL DEP. | | | 24 | | | | TOTAL DEP. | | | 24 | | | |
| TOTAL CLAIMS | | | 26 | | | | TOTAL CLAIMS | | | 26 | | | |